# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective ~~ember 8, 2004

Application or Docket Number: **10/519477**

## CLAIMS AS FILED PART I

| | (Column 1) | (Column 2) | SMALL ENTITY TYPE ☐ | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|---|---|
| | | | RATE | FEE | | RATE | FEE |
| S. NATIONAL STAGE FEES | | | | | | | |
| SIC FEE | SMALL ENT. = $150 | LARGE ENT. = $300 | BASIC FEE | | OR | BASIC FEE | 300 |
| AMINATION FEE | Satisfies PCT Article 33(1)-(4) = $50 / $100 | All other situations = $100 / $200 | EXAM. FEE | | | EXAM. FEE | 200 |
| ARCH FEE | U.S. is ISA = $50 / $100 ALL other countries = $200 / $400 | All other situations = $250 / $500 | SEARCH FEE | | | SEARCH FEE | 400 |
| E FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = | X $125 = | | | X $250 = | |
| TAL CHARGEABLE CLAIMS | minus 20 =* | | X $25 = | | OR | X $50 = | |
| DEPENDENT CLAIMS | minus 3 =* | | X $100 = | | OR | X $200 = | |
| LTIPLE DEPENDENT CLAIM PRESENT | | ☐ | + $180 = | | OR | + $360 = | |
| if the difference in column 1 is less than zero, enter "0" in column 2 | | | TOTAL | | OR | TOTAL | 900 |

## CLAIMS AS AMENDED - PART II

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL ENTITY RATE | ADDI-TIONAL FEE | OR | OTHER THAN SMALL ENTITY RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|
| Total | * | Minus | ** | = | X $25 = | | OR | X $50 = | |
| Independent | * | Minus | *** | = | X $100 = | | OR | X $200 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | + $180 = | | OR | + $360 = | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | RATE | ADDI-TIONAL FEE | OR | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|---|---|---|---|---|
| Total | * | Minus | ** | = | X $25 = | | OR | X $50 = | |
| Independent | * | Minus | *** | = | X $100 = | | OR | X $200 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ | + $180 = | | OR | + $360 = | |
| | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.